
**STATE OF INDIANA'S
COMMERCIAL DRIVERS LICENSE
CONTROLLED SUBSTANCE & ALCOHOL TESTING PROGRAM**

**EXAMPLE OF
EMPLOYEE ACKNOWLEDGMENT AND CONSENT**

Employee Name _____ Social Security #: _____
PRINT NAME

EMPLOYEE ACKNOWLEDGMENT

I acknowledge I have received a copy of the *State of Indiana Commercial Drivers License Alcohol and Controlled Substance Testing Program* standardized policy. I understand the policy and provisions described in it and agree to follow the provisions contained therein.

I further acknowledge that I have received written information regarding DOT testing requirements, drug and alcohol testing procedures, the name(s) of person(s) designated to answer questions about the testing policy and procedures, the effects of drugs and alcohol on an individual's health, work and personal life, and the State's Employee Assistance Program (EAP).

Employee Signature: _____ Date: _____